CALIFORNIA STATE DEPARTMENT OF EDUCATON

ALTERNATIVE EDUCATION WAIVER REQUEST

AEW-1 (8/99)

Return to: Education

Educational Options Office 660 J Street, Suite 400 Sacramento, CA 95814-2322 (916) 322-5012; FAX (916) 323-2039

Check one:	First time waiver	
	Renewal waiver	

CDS CODE

LEA:			Contact/recip	pient of approval/der	nial n	otice:		ı			
Add	ress: (Cit	y)	(State)	(ZIP)		I	Pho	one:			
						(()			
	od of request: From: To: nth/day/year)	Local board approval date (Required)	:	Date of public hearing: Not necessary for renewal waivers, unless controver				versial.			
			EGAL CRITEI								
	(PLEASE PROVII	DE THE INFORMATION REQUE	STED IN THE SPACES	DESIGNATED)							
1.	1. Under the Waiver Authority of the Education Code Section 58509, the particular Education Code or the California Code of Regulations Section(s), or portion(s) thereof to be waived:										
2.	2. If this is a renewal of a previously approved waiver, list approval date, and attach a copy of the original document:										
3.	Position of the bargaining unit. Does the district Not necessary for Renewal Waivers unless contro Date(s) the bargaining unit(s) was (were consulted.)	versial.		□ No							
	Name of the bargaining unit person(s) consulted:/										
	The position(s) of the bargaining unit(s) was/were: □ Neutral □ Support □ Oppose (Please summarize below.)										
	Comments (If appropriate):										
Commons (if appropriate).											
4.	Public hearing Requirement. (A public hearing is board meeting at which time the public may testify hearing. Acceptable ways to advertise include: (1) general circulation; or (2) in small school districts, section 5362).) <i>Not necessary for Renewal Waive</i>	on the waiver proposal. Dist print a notice that includes the post a formal notice at each s	ribution of local boa ne time, date, locatio	rd agenda does not c n, and subject of the	onsti heari	tute notion	ew	spape	er of		
	How was the required public hearing advertise □ Notice in a newspaper? □ Notice post	ed? ed at each school?	er:	(Plea	se su	mmarize	e be	elow.)			
5.	Advisory committies/school site councils. Please Not necessary for Renewal Waivers unless contro		mittee that reviewed	this waiver:							
	Date the committee/council reviewed the waiver re										
	Check here, if there were objection(s) \Box Please	(Date) se summarize the objection(.	s) below.								

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PART II. PURPOSE AND DESIRED OUTCOMES						
1. Summary of the Education Code or California Code of Regulations section to be waived(Please summarize the meaning, in plain language, of the Education Code or California Code of Regulations section to be waived. If a portion of a section is requested to be waived, include that portion verbatim).						
2. Desired outcome/rationale (State what you hope to accomplish with the waiver. Describe briefly the circumstances that brought about the request and why the waiver is necessary to achieve improved student performance and/or streamline or facilitate local agency operations).						
3. For a Waiver Renewal, District also must certify						
True False The facts which precipitated to	he original waiver request have not changed					
☐ ☐ The facts which precipitated the original waiver request have not changed. ☐ ☐ The remedy for the problem has not changed.						
_	ng board and district staff are not aware of the existence of any co	ontroversy over the				
Renewals of Alternative Education waivers must be submitted two months prior to the date the active waiver expires. The local governing board must approve the renewal request. Because the district certifications above assure the State Superintendent that there is no evidence of controversy associated with the waiver=s renewal, it is not necessary to repeat the public hearing. Submit the renewal request at least two months before the waiver expires to ensure enough time for action by the State Superintendent before the present waiver expires. Retroactive waivers must go through the First Time Waiver Process.						
District or County Certification I hereby certify that the information provided on this application is correct and complete.						
Signature of Superintendent or Designee >						
Title:		Date:				
FOR CALIFORNIA DEPARTMENT OF EDUCATION USE ONLY						
Responsible Office:	Guidelines:	□ Don=t Exist				
CALIFORNIA DEPARTMENT OF EDUCATION RECOMMENDATION Approve Deny						
Staff (Type or print)	Staff (Signature) >	Date:				
Unit Manager (Type or print)	Unit Manager (Signature) >	Date:				
Division Director (Type or print)	Division Director (Signature) >	Date:				
Deputy (Type or print)	Deputy (Signature) Date					